

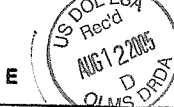
FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>552</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Judith I Padon</u> P.O. Box, Bldg., Room No., if any <u>c/o SEIU Local 328J</u> Street <u>101 Sixth Avenue</u> City <u>New York</u> State <u>NY</u> ZIP Code + 4 <u>10013</u>	4. Name, file number, and address of labor organization. Name <u>SEIU Local 328J</u> Labor Organization File Number <u>211661</u> P.O. Box, Building and Room Number, if any Street <u>101 Sixth Avenue</u> City <u>NY</u> State <u>NY</u> ZIP Code + 4 <u>10013</u>
5. Position in labor organization. <u>Assistant General Counsel</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>West Gate House, Inc.</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any <u>40 Siren Management</u> Street <u>40 Exchange Place</u> City <u>New York</u> State <u>NY</u> ZIP Code + 4 <u>10005</u>	7.a. Nature of Interest, Transaction, or Income. <u>Equitable interest in apartment building cooperative.</u> 7.b. Amount. <u>8260,000</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/10/05

Date

212-388-3854

Telephone Number

Name of Person Filing

Judith Padow

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name *Service Employees 32BJ North Pension Fund*

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street *101 Ave of the Americas*City *NY*State *NY* ZIP Code + 4 *10013*

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

The business is a Taft-Hartley benefit fund that provides benefits to employees under collective bargaining agreements between the Union and hundreds of employers in the New York real estate industry. The Employers make contributions to the Fund

11.a. Nature of such dealing.

See answers to 10.

11.b. Approximate dollar value of such dealing.

do not know

12.a. Nature of interest held or income received.

Attend Service Employees 32BJ North Pension Fund Board of Trustees meeting at which lunch was served.

12.b. Amount.

\$35

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.